

Form CPF M 102: Campaign Finance Report account

Municipal Form

Office of Campaign and Political Finance

RECEIVED CITY CLERK

7071 OCT 15 A 11: 59	File with: City or Town Clerk or Elec	tion Commission
Fill in Reporting Period dates: Beginning Date: January 1	,2021 Ending Date: October 15,	2021
Type of Report: (Check one)		
8th day preceding preliminary 8th day preceding election 30 day	y after election year-end report di	ssolution
Parcela L Guolay Candidate Full Name (if applicable) City Councility by District 1 Office Sought and District 25 Horroll St Ames Surger and Residential Address E-mail: Councilors ildays arrests wry ta. Surger B-mail: Phone # (optional):	Committee Name Committee Name Committee Name Committee Name Name of Committee Treasurer Some Many Committee Mailing Address Pollday Committee Mailing Address Pollday Committee Mailing Address	shulf
SUMMARY BALANCE INFO	ORMATION:	1
Line 1: Ending Balance from previous report	68.26	
Line 2: Total receipts this period (page 3, line 11)	Ø	
Line 3: Subtotal (line 1 plus line 2)	69.26	
Line 4: Total expenditures this period (page 5, line 14)	Ø	und
Line 5: Ending Balance (line 3 minus line 4)	68.26 NOW Ø	closed account on 5/21
Line 6: Total in-kind contributions this period (page 6)	4	on 5/21
Line 7: Total (all) outstanding liabilities (page 7)	9	
Line 8: Name of bank(s) used: Bank prw- premy	usly The Provident Bank	
Affidavit of Committee Treasurer: Styled on select of word of I certify that I have examined this report including attached schedules and it is, to the best of my know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority or on behalf of this committee in accordance. Signed under the penalties of perjury:	s and liabilities for this reporting period and represents the ca	ign finance impaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)		
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my lactivity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that	th the requirements of M.G.L. c. 55. I have not received any	ampaign finance contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my life finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind concampaign finance activity of all persons acting under the authority or on behalf of this candidate in	ntributions and liabilities for this reporting period and represent	ampaign ents the
Signed under the penalties of perjury:	Date: 10/	15/2/

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

			(for contributions of \$200 or more)
e 9: Total Receipts	over \$50 (or listed above)		
e 10: Total Receipts	s \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD	7)	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ne 9: Total Receipt	s over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD	9	Enter on page 1, line 2

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	ur committee name and a page number on each page.)				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
				7		
		/				
Ш						
		7				
	X					
	/=					
Line 12: Total Expenditures over \$50 (or listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD						
f you have itemia	ad average distance of 650 at a 1	include them in line 12. Line 13 sho	THE LEKTOD	4		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				/ Innount
il.				
11	2			
		7		
И				
		Line 12: Expenditures over \$50	(or listed shows)	
		Eme 12. Expenditures over \$50	(or fisted above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
	OLD ALL STATES			97
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	(/)

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4				
•		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	A

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	A

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